

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Aug-22**

System Name: **Powers, City of** ID#: **41-00672** WTP: **TP - A**

Day	Midnight [NTU]	0400 [NTU]	0800 [NTU]	NOON [NTU]	1600 [NTU]	2000 [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	0.05	OFF	0.05	OFF	0.06	0.06	0.06
2	0.05	OFF	0.05	OFF	0.06	0.06	0.06
3	0.05	OFF	0.06	0.06	0.05	0.05	0.06
4	OFF	OFF	OFF	OFF	OFF	0.06	0.06
5	0.06	0.06	0.06	0.06	0.06	0.06	0.06
6	0.06	0.06	OFF	0.06	0.06	0.06	0.06
7	OFF	0.06	OFF	0.06	0.06	0.06	0.06
8	0.05	OFF	0.05	0.06	0.06	0.06	0.06
9	0.06	0.06	0.05	0.05	0.06	0.05	0.06
10	0.05	OFF	0.05	0.05	0.07	0.05	0.07
11	OFF	OFF	0.05	0.05	0.05	OFF	0.05
12	0.05	OFF	0.05	0.05	0.06	0.06	0.06
13	0.06	OFF	0.06	0.06	0.05	0.06	0.06
14	0.05	OFF	0.05	0.05	OFF	0.05	0.05
15	0.05	OFF	0.05	OFF	0.05	0.05	0.05
16	0.05	0.05	0.05	0.05	0.05	0.05	0.05
17	0.05	OFF	0.05	0.05	0.05	0.05	0.05
18	0.05	OFF	OFF	0.05	0.05	0.05	0.05
19	0.05	0.05	0.05	0.05	OFF	0.05	0.05
20	OFF	0.06	OFF	0.05	0.05	0.05	0.06
21	OFF	0.05	OFF	0.05	0.05	0.05	0.05
22	0.05	OFF	0.05	OFF	0.05	0.05	0.05
23	0.05	0.05	0.05	0.05	0.05	0.05	0.05
24	OFF	0.05	0.05	0.05	0.05	OFF	0.05
25	0.05	OFF	OFF	0.05	OFF	OFF	0.05
26	0.05	OFF	0.05	OFF	0.05	0.05	0.05
27	0.05	OFF	0.05	0.05	0.05	0.05	0.05
28	0.05	0.05	0.05	0.05	0.05	0.05	0.05
29	OFF	OFF	OFF	0.05	0.08	0.06	0.08
30	0.05	0.06	0.06	0.08	0.07	0.06	0.08
31	0.07	0.07	0.08	OFF	0.07	OFF	0.08

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: Dave Terrusa</b>	
	<b>SIGNATURE: JS/ Dave Terrusa</b>	<b>DATE: 9/2/2022</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - A

System Name:	Powers, City of	ID#: 41-00672	Month/Year:	Aug-22	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	-----------------	---------------	-------------	--------	---	---

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow	Minimum Res. Level
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	formula Feet
1	0.66	212	140	22.6	7.53	19	YES	120	403700 27.5
2	0.74	214	159	22.6	7.5	19	YES	130	442455.2 30.14
3	0.64	198	127	23.6	7.5	17	YES	140	440987.2 30.04
4	0.51	219	111	23.4	7.48	17	YES	95	329566 22.45
5	0.72	275	198	21.0	7.52	21	YES	80	349090.4 23.78
6	0.56	229	128	21.6	7.53	20	YES	120	435702.4 29.68
7	0.79	235	186	21.8	7.65	21	YES	120	448033.6 30.52
8	0.87	249	216	22.4	7.54	20	YES	100	394598.4 26.88
9	0.32	177	57	21.8	7.54	20	YES	150	421022.4 28.68
10	0.59	282	167	22.4	7.48	19	YES	100	448033.6 30.52
11	0.58	278	161	21.9	7.48	20	YES	100	440987.2 30.04
12	0.57	310	177	21.8	7.53	20	YES	85	417939.6 28.47
13	0.52	376	196	21.5	7.58	21	YES	75	448033.6 30.52
14	0.51	282	144	21.2	7.44	20	YES	100	447886.8 30.51
15	0.55	199	109	20.7	7.33	20	YES	125	394745.2 26.89
16	0.68	209	142	20.7	7.42	21	YES	125	413829.2 28.19
17	0.59	221	130	21.2	7.60	21	YES	125	438198 29.85
18	0.48	243	117	21.9	7.40	19	YES	100	385937.2 26.29
19	0.67	212	142	21.9	7.52	20	YES	125	419994.8 28.61
20	0.54	141	76	22.3	7.73	21	YES	200	447886.8 30.51
21	0.52	254	132	21.9	8.15	25	YES	110	444070 30.25
22	0.51	221	113	21.6	7.45	20	YES	115	403700 27.5
23	0.56	272	152	21.8	7.50	20	YES	100	432032.4 29.43
24	0.57	256	146	22.1	7.47	19	YES	110	447740 30.5
25	0.51	348	177	22.1	7.47	19	YES	80	441868 30.1
26	0.6	235	141	21.4	7.44	20	YES	110	409572 27.9
27	0.52	200	104	22.6	7.42	18	YES	120	380212 25.9
28	0.72	348	251	21.8	7.46	20	YES	80	442014.8 30.11
29	0.59	200	118	19.4	7.43	23	YES	125	395919.6 26.97
30	0.53	179	95	19.5	7.81	26	YES	135	383735.2 26.14
31	0.47	372	175	20.0	7.76	24	YES	70	412948.4 28.13

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised April 2020

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350